

## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

## 1. CORRESPONDENCE ADDRESS

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NEW YORK NY 10017

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

## INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

## CO-INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

☐ Check if additional changes are on reverse side

RECEIVED  
Publishing Division  
AUG 24 1996

## SERIES CODE/SERIAL NO.

## FILING DATE

## TOTAL CLAIMS (S)

## EXAMINER AND GROUP ART UNIT

## DATE MAILED

08/526,379

09/11/95

016

JACKSON, Gail

3309

06/11/96

## First Named Applicant

ZOHMANN,

WALTER A.

## TITLE OF INVENTION

ATRAUMATIC NEEDLE FOR LUMBAR PUNCTURE

(Signature)

(Date)

## ATTY'S DOCKET NO.

## CLASS-SUBCLASS

## BATCH NO.

## APPLN. TYPE

## SMALL ENTITY

## FEE DUE

## DATE DUE

3

1234.001

604-272-000

A89

UTILITY

YES

\$625.00

09/11/96

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR; alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Levisohn, Lerner,  
Berger, Langsam

2

810 BL 08/30/96 3  
08526379

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print only if assigned)

## (1) NAME OF ASSIGNEE:

## (2) ADDRESS: (CITY &amp; STATE OR COUNTRY)

6b. The following fees should be enclosed with the issue fee:  
- (ENCLOSE PART C)  
☐ Issue Fee ☒ Advance Order - # of Copies 10  
☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

8/20/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE